

HEPATITIS B VACCINATION DECLINATION FOR USE OF THIS FORM, SEE USMEPCOM REG 40-9	FOR OFFICIAL USE ONLY
PRIVACY ACT STATEMENT	
<p>AUTHORITY: Sections 505, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397, Social Security Number.</p> <p>PRINCIPAL PURPOSE: To record USMEPCOM employee decisions concerning vaccination against possible Hepatitis B Virus (HBV) infection.</p> <p>ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's System of Records Notices apply to this system.</p> <p>DISCLOSURE: Voluntary; refusal to provide required data could result in termination of employment.</p>	
SECTION I - ACKNOWLEDGMENTS	
<p>I understand that because of occupational exposure to blood or other potentially infectious materials, I may be at risk for serious disease through Hepatitis B Virus (HBV) infection.</p> <p>I have been given the opportunity for the HBV vaccination at no cost.</p> <p>I decline the HBV vaccination at this time and understand by declining, I continue to be at risk of acquiring HBV.</p> <p>I understand if my occupational exposure to blood or other potentially infectious materials continues, I may receive the HBV vaccination series in the future at no cost.</p>	
SECTION II - EMPLOYEE'S CERTIFICATION	
<p>My signature in this block indicates that I understand the USMEPCOM HBV vaccination policy and that I am making this decision to decline the Hepatitis B Virus (HBV) vaccination with full knowledge of the potential for serious illness.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print/Type Name (First, Middle, Last) </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Social Security Number </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Employee's Signature </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>	
SECTION III - COMMANDER'S CERTIFICATION	
<p>The employee indicated above attests on this date that he/she would not accept the HBV vaccination. I have explained the USMEPCOM HBV vaccination policy, and I am confident the employee is making this decision with full knowledge of the potential for serious illness.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print/Type Name (First, Middle, Last) </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Rank and Pay Grade </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Commander's Signature </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>	